

<i>SERFF Tracking Number:</i>	<i>METF-125887895</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40794</i>
<i>Company Tracking Number:</i>	<i>08M021AR/KY-E</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Electronic Application</i>		
<i>Project Name/Number:</i>	<i>/08M021ARKY-E</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Electronic Application

SERFF Tr Num: METF-125887895 State: ArkansasLH

TOI: L07I Individual Life - Whole

SERFF Status: Closed

State Tr Num: 40794

Sub-TOI: L07I.101 Fixed/Indeterminate

Co Tr Num: 08M021AR/KY-E

State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Jan Spoede

Disposition Date: 11/10/2008

Date Submitted: 11/06/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number: 08M021ARKY-E

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/10/2008

State Status Changed: 11/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing is to replace a previously approved application, 08M021AR/KY-E, an electronic application. Our company, Texas Life Insurance Company filed this application through SERFF on behalf of Metropolitan Life Insurance Company. The SERFF Filing # is METF-125551808. The application was previously approved on May 6, 2008.

The filing is to correct the company name in the REPRESENTATIONS section on the third page of the application. It reads Texas Life Insurance Company, where it should read Metropolitan Life Insurance Company.

SERFF Tracking Number:	METF-125887895	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company	State Tracking Number:	40794
Company Tracking Number:	08M021AR/KY-E		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Electronic Application		
Project Name/Number:	/08M021ARKY-E		

This is the only change we are making.

Company and Contact

Filing Contact Information

Jan Spoede, Senior Associate, Product Development	jspoede@texaslife.com
P.O. Box 830	(800) 283-9233 [Phone]
Waco, TX 76703	(254) 745-6389[FAX]

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
P.O. Box 960	Group Code: 241	Company Type: Life
Waco, TX 76703	Group Name:	State ID Number:
(800) 283-9233 ext. 6332[Phone]	FEIN Number: 13-5581829	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	The domiciliary state of New York does not require filing fees. The charge for one form in Arkansas is \$20.00.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$20.00	11/06/2008	23761082

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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Electronic Application</i>		
<i>Project Name/Number:</i>	<i>/08M021ARKY-E</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/10/2008	11/10/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Third Party Authorization letter	Supporting Document	Jan Spoede	11/07/2008	11/07/2008

<i>SERFF Tracking Number:</i>	<i>METF-125887895</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Electronic Application</i>		
<i>Project Name/Number:</i>	<i>/08M021ARKY-E</i>		

Disposition

Disposition Date: 11/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>METF-125887895</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40794</i>
<i>Company Tracking Number:</i>	<i>08M021AR/KY-E</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Electronic Application</i>		
<i>Project Name/Number:</i>	<i>/08M021ARKY-E</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Highlighted page		Yes
Supporting Document	Cover letter		Yes
Supporting Document	Third Party Authorization letter		Yes
Form	Electronic Application		Yes

SERFF Tracking Number: *METF-125887895* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *40794*
Company Tracking Number: *08M021AR/KY-E*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single Life*

Product Name: *Electronic Application*
Project Name/Number: */08M021ARKY-E*

Amendment Letter

Amendment Date:
Submitted Date: 11/07/2008

Comments:

Dear Life Form Analyst:

I am amending this filing because I forgot to add the Third Party Authorization. Please find it attached now. Texas Life Insurance Company is filing this application on behalf of Metropolitan Life Insurance Company.

Yours truly,
Jan Spoede

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Third Party Authorization letter

Comment:

Third party Auth let.pdf

SERFF Tracking Number:	METF-125887895	State:	Arkansas
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TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
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Project Name/Number:	/08M021ARKY-E		

Form Schedule

Lead Form Number: 08M021AR/KY-E

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	08M021AR/	Application/	Electronic Application	Revised	Replaced Form #:	56	08M021ARKY
	KY-AR	Enrollment			08M021AR/KY-E		-E.pdf
		Form			Previous Filing #:		
					08M021AR/KY-E		

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY

LIFE INSURANCE APPLICATION

Proposed Insured(s)

NAME	STATUS	SEX	SOCIAL	BIRTH DATE	AGE	BENEFICIARY/RELATIONSHIP
			SECURITY No.			
Jane Doe	EMP	F	999-99-3600	09-29-1972	35	Johnny / Child
Johnny Doe	DEP	M	159-75-3456	11-24-2002	6	Jane Doe / Parent

Employee Information (applicant and policy owner):

NAME: Jane Doe SOCIAL SECURITY No: 999-99-3600
ADDRESS: 123 Main Street, Smalltown, Kentucky 13579
PERSONAL EMAIL ADDRESS: jdoe@employer.com PHONE — DAYTIME: 987-654-3210 Ext. 2345 EVENING: 123-456-7890 Ext.2356
EMPLOYER: Online App Test Company HIRE DATE: 3-24-1999 PAYROLL FREQUENCY: Monthly

Coverages and Premium

PLAN NAME: VPL-plus

NAME	COVERAGES				PREMIUM				
	FACE AMOUNT	ADB AMOUNT	WAIVER BENEFIT	CHILD TERM AMOUNT	BASE PLAN	ADB	WAIVER	CHILD TERM	TOTAL
Jane Doe	100000	0	No	0	94.50	0.00	0.00	0.00	94.50
Johnny Doe	25000	0	No		6.00	0.00	0.00		6.00
Total Planned Premium									100.50
Automatic Premium Loan applies									Yes

QUESTION NO.

REPLACEMENT

(1) Will proposed coverage replace or change any existing insurance or annuity policy? No

QUESTIONS FOR EXPRESS ISSUE

EMPLOYEE CHILDREN

(2a) During the last six months, has the proposed insured been actively at work on a full time basis, performing usual duties? Yes N/A

(2b) During the last six months, has the proposed insured been absent from work due to illness or medical treatment for a period of more than five consecutive working days? No N/A

(2c) During the last six months, has the proposed insured been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?
Jane Doe - Test, Treatment, or Care in a Hospital :: Surgery :: Other Yes No

QUESTION NO.	ADDITIONAL QUESTIONS FOR SIMPLIFIED ISSUE	EMPLOYEE
	ADDITIONAL QUESTIONS FOR SIMPLIFIED ISSUE	EMPLOYEE
(3a)	<p>Within the past five years, has any proposed insured consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation?</p> <p><i>Jane Doe - Jane Doe saw Dr. Brown for severe abdominal pain. He sent her for further testing.</i></p>	Yes
(3b)	<p>Within the past five years, has any proposed insured had an X-ray, EKG, lab test, blood test, or any other medical test or study?</p> <p><i>Jane Doe - Jane Doe's lab work and a sonogram revealed an ectopic pregnancy. She was admitted to the hospital and scheduled for surgery the next morning.</i></p>	Yes
(3c)	<p>Within the past five years, has any proposed insured used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?</p>	No
(3d)	<p>Within the past five years, has any proposed insured been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?</p>	No
(4a)	<p>Within the past ten years, has any proposed insured had or been treated for heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?</p>	No
(4b)	<p>Within the past ten years, has any proposed insured had or been treated for alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?</p>	No
(4c)	<p>Within the past ten years, has any proposed insured had or been treated for cancer, tumor, diabetes, or disorder of the blood?</p>	No
(4d)	<p>Within the past ten years, has any proposed insured had or been treated for asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?</p>	No
(5)	<p>Is any proposed insured taking any prescribed medication at regular intervals?</p>	No
(6)	<p>Within the past 12 months, has any proposed insured smoked a cigarette or used tobacco in any form?</p>	No
(7)	<p>What is the height, weight, and birth state of each proposed insured?</p> <p><i>Jane Doe - Height: 5' 4" Weight: 127 lbs Birth State: OK</i></p>	
(8)	<p>Personal physician for each proposed insured:</p> <p><i>Jane Doe - Dr. B.Brown, Smalltown, OK</i></p>	

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime (*and subjects such person to criminal and civil penalties. Pennsylvania only*)

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Metropolitan Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

X 
EMPLOYEE (AND POLICY OWNER) SIGNATURE

X 
SPOUSE SIGNATURE IF TO BE INSURED

John Q Agent	9999988	03-05-2008	AVPLPLUSCITYWITH-A-VERYLONGNAME	KY
PRINT ENROLLER/AGENT NAME	AGT. No.	DATE	CITY	STATE

X 
ENROLLER / AGENT SIGNATURE

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: METF-125887895 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 40794
Company Tracking Number: 08M021AR/KY-E
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Electronic Application
Project Name/Number: /08M021ARKY-E

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 11/04/2008

Comments:

Attachments:

AR Cert 11-83Elec App.pdf
AR Cert 19 Elec App.pdf
08M021-E Read Cert.pdf

Review Status:

Satisfied -Name: Application 11/04/2008

Comments:

This application was previously filed and approved with policy form, PWLSEVMET-NI-08.

Review Status:

Satisfied -Name: Highlighted page 11/06/2008

Comments:

This highlighted page of the application shows the correction.

Attachment:

AR corrected app pg 3.pdf

Review Status:

Satisfied -Name: Cover letter 11/06/2008

Comments:

Attachment:

AR Cov Let Elec App.pdf

Review Status:

Satisfied -Name: Third Party Authorization letter 11/07/2008

Comments:

Attachment:

Third party Auth let.pdf

CERTIFICATION

The undersigned, an officer of Metropolitan Life Insurance Company, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 11-83, and does further certify that form 08M021AR/KY-E does comply with the guidelines of such Bulletin.

A handwritten signature in black ink, appearing to read 'S. Cates', is written over a horizontal line.

Steven T. Cates
Vice President

Date: 5 November 2008

CERTIFICATION

The undersigned, an officer of Metropolitan Life Insurance Company, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 19, Unfair Sex Discrimination in the Sale of Insurance, and does comply with the guidelines of such Bulletin.

A handwritten signature in black ink, appearing to read 'S. T. Cates', is written over a horizontal line.

Steven T. Cates
Vice President

Date: 5 November 2008



**CERTIFICATION OF READABILITY
FORM 08M021-E**

This is to certify that Metropolitan Life Insurance Company Form 08M021-E has achieved a Flesch Reading Ease Score of 56.05.

A handwritten signature in dark ink, appearing to read "Paul E. Anderson", is written over a horizontal line.

Paul E. Anderson
Vice President
Administrative Life Insurance Office

Date: 12 August 2008

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime (*and subjects such person to criminal and civil penalties. Pennsylvania only*)

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that **Metropolitan Life Insurance Company** will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

X 
EMPLOYEE (AND POLICY OWNER) SIGNATURE

X 
SPOUSE SIGNATURE IF TO BE INSURED

John Q Agent	9999988	03-05-2008	AVPLPLUSCITYWITH-A-VERYLONGNAME	KY
PRINT ENROLLER/AGENT NAME	AGT. NO.	DATE	CITY	STATE

X 
ENROLLER / AGENT SIGNATURE

MetLife
P.O. Box 960
Waco, TX 76703
888.638.9226



6 November 2008

Life Analyst
Arkansas Department of Insurance
Life Forms Approval Section
1200 West 3rd
Little Rock, AR 72201-1904

Re: FEIN 13-5581829; NAIC No. 65978; Phone: 800-283-9233; Fax 254-745-6389; Submission for
Approval of the Replacement Application form08M021AR/KY-E

Dear Life Form Analyst:

I am submitting for approval a replacement application for 08M021AR/KY-E, an electronic application. Our company, Texas Life Insurance Company filed this application through SERFF on behalf of Metropolitan Life Insurance Company. The SERFF Filing # is METF:-125551808. The application was previously approved on May 6, 2008.

The filing is to correct the company name in the REPRESENTATIONS section on the third page of the application. It reads Texas Life Insurance Company, where it should read Metropolitan Life Insurance Company.

Included is a copy of corrected application. I am also sending a highlighted copy of the new page.

If you have any questions, please call me at 1-800-283-9233, ext. 6371 or e-mail me at jspoede@texaslife.com

Very truly yours,

A handwritten signature in blue ink that reads "Jan N. Spoede". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Jan N. Spoede
Senior Associate
Product Development, Claims, & Records



Metropolitan Life Insurance Company

501 Boylston Street

Boston, MA 02116

Karen A. Johnson, FLMI, ACS, AIRC

Vice President

February 19, 2008

RE: Policy Form, et al, Filing for Metropolitan Life Insurance Company

Dear State Regulator:

I hereby authorize Texas Life Insurance Company to carry out the above-referenced filing, and any related documents, in your state on behalf of Metropolitan Life Insurance Company.

Sincerely,

A handwritten signature in black ink, reading "Karen Johnson". The signature is written in a cursive, flowing style.